

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-020708

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 384

Primary Registration District No. 2099

Registrar's No. 994

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Chariton	
b. CITY (If outside corporate limits, give TOWNSHIP only) Marceline		c. CITY OR TOWN Marceline	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. Francis Hosp.		d. STREET ADDRESS (If outside, give location) R. F. D. 1	
3. NAME OF DECEASED (Type or print) First Myrl Middle Oldham Last Oldham		4. DATE OF DEATH Month May Day 17 Year 1963	
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/13/1898
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School teacher		10b. KIND OF BUSINESS OR INDUSTRY Retired	
13a. FATHER'S NAME George Walters		13b. MOTHER'S MAIDEN NAME Mayme Musgrave	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Charles Oldham St. Louis, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bilateral Pneumonia & Peritonitis DUE TO (b) metastatic Carcinoma, generalized DUE TO (c) Carcinoma of Cervix, primary		INTERVAL BETWEEN ONSET AND DEATH 6-8 months indefinite	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1960 to 1963 and last saw her alive on 5/17/63		Death occurred at 5:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Blennor A. Horner, M.D.		22b. ADDRESS Marceline, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) B		23b. DATE 5/21/63	
23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet		23d. LOCATION (City, town, or county) Marceline, Mo.	
24. FUNERAL DIRECTOR James McLaughlin		25. DATE RECD. BY LOCAL REG. 5-18-63	
26. REGISTRAR'S SIGNATURE Anna Watson			

(Licensed Embalmer's Statement on Reverse Side)

MAY 24 1963

MAR 24 1964

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121X

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Gerald F. Wadley

Licensed Embalmer No. 4172

P. O. Address Browning

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.